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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/623430
		Filing Date	July 18, 2003
		First Named Inventor	Blair A. Sandberg
		Art Unit	2712
		Examiner Name	John A. Ricci
Total Number of Pages in This Submission		Attorney Docket Number	03-10034

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
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<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input type="checkbox"/> Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	LAW OFFICES OF DAVID L. HOFFMAN
Signature	
Date	4-13-04

CERTIFICATE OF TRANSMISSION/MAILING

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	Date 4-13-04

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of:

Sandberg, Blair A.

Serial Number: 10/623430

Examiner: John a. Ricci

Filed: 7/18/2003

Art Unit: 3712

For: BOW STABILIZER

Mail Stop FEE AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

FEE TRANSMITTAL

CLAIMS AS AMENDED						
TOTAL CLAIMS	NUMBER AFTER AMENDMENT	NUMBER PREVIOUSLY PAID	NUMBER EXTRA	SMALL ENTITY RATE	LARGE ENTITY RATE	FEE
				x \$9.00	x \$18.00	
IND. CLAIMS	8	- 6	= 2	x \$43.00	x \$86.00	86.00
MULTIPLE-DEPENDENT CLAIMS FEE				\$145.00	\$290.00	
BASIC FEE				\$385.00	\$770.00	.00
TOTAL FILING FEE						\$86.00
List Independent Claims: 1, 9, 30, 34, 38, 39, 40, 41						

METHOD OF PAYMENT

Check No. 1452 to cover filing fee of \$86.00.
ATT 4-13-04

Respectfully submitted,

LAW OFFICES OF DAVID L. HOFFMAN

By 
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662/775-0300



PATENT
03-10034

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**AMENDMENT RESPONSE TO OFFICIAL ACTION
DATED JANUARY 13, 2004**

Dear Sir or Madam:

Responsive to the Office Action dated January 13, 2004, kindly amend the above-identified claims as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 8 of this paper.

04/19/2004 EAREGAY1 00000063 10623430

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